

EXHIBIT A

IN THE CIRCUIT COURT OF HARRISON COUNTY, MISSISSIPPI
SECOND JUDICIAL DISTRICT

SCOTT SPIEHLER

PLAINTIFF

v.

CAUSE NO.

AJ-02-25075

FILED
APR 29 2025
JUSTIN WETZEL
CIRCUIT CLERK
By Bailey Plummer D.C.

MGM RESORTS INTERNATIONAL, INC.
d/b/a BEAU RIVAGE RESORT AND CASINO

DEFENDANT

JURY TRIAL DEMANDED

COMPLAINT

This is an action to recover actual and punitive damages for discrimination in violation of the ADA and FMLA. The following facts support the action:

1.

Plaintiff Scott Spiehler is an adult resident citizen of Harrison County, Mississippi who may be contacted through undersigned Counsel.

2.

Defendant MGM RESORTS INTERNATIONAL, INC. is a foreign corporation licensed and doing business in Mississippi who may be served with process through its registered agent, Corporation Service Company at 7716 Old Canton Road, Suite C, Madison, Mississippi, 39110.

3.

This court has concurrent jurisdiction under 28 U.S.C. § 1331 and civil rights jurisdiction under 28 § 1343. Venue is proper because Defendants employed Plaintiff in Biloxi, Mississippi.

4.

Plaintiff has filed an EEOC charge attached hereto as Exhibit "A" and has received a Right-to-Sue letter attached hereto as Exhibit "B".

5.

The Plaintiff was working for Defendant as a supervisor. He was the Table Games Supervisor. On July 11, 2022, Plaintiff had to take a medical leave of absence because of a medical issue that requires him to sit and take a break from standing from time to time.

Upon his return, in September 2022, Plaintiff requested reasonable accommodation that he be allowed to sit from time to time, and his request was denied. Defendant stated that Plaintiff could not perform essential functions of his position, which was not true. Plaintiff provided medical documentation stating he could still perform the essential functions, but his request for a reasonable accommodation was still denied.

6.

Plaintiff later requested to transfer to a vacant position that he could perform with little to no accommodation, but this request was also denied. Plaintiff was then placed on an unpaid leave of absence and never brought back to work.

7.

The acts and omissions of the Defendant were in violation of the FMLA and the ADA. Plaintiff lost his employment because of his disability. Plaintiff's discharge was a direct and proximate result of the Defendant's acts and omissions.

PRAYER FOR RELIEF

Plaintiff prays for actual, compensatory, pecuniary, non-pecuniary, special, and punitive damages in the amount to be determined by a jury and for reasonable attorney's fees.

THIS the 25 day of April 2025.

Respectfully submitted,

SCOTT SPIEHLER


DANIEL M. WAIDE, MSB #103543

Daniel M. Waide, (MSB#103543)
Johnson, Ratliff & Waide, PLLC
1300 HARDY ST.
PO Box 17738
HATTIESBURG, MS 39404
601-582-4553 (OFFICE)
601-582-4556 (FAX)
dwaide@jhrlaw.net

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: EEOC Agency(ies) Charge No(s): 425-2023-00141	
and EEOC			
_____ State or local Agency, if any			
I Name (indicate Mr., Ms., Mrs., Miss, Mx., Dr., Hon., Rev.) Mr. Scott A. Spiehler		Home Phone <div style="background-color: black; width: 100px; height: 1.2em; margin: 5px 0;"></div>	Year of Birth 1963
Street Address <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div> Diberville, MS			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name BEAU RIVAGE RESORTS LLC		No. Employees, Members 501+ Employees	Phone No.
Street Address 875 Beach Boulevard Biloxi, MS 39530			
Name		No. Employees, Members	Phone No.
Street Address			
City, State and ZIP Code			
DISCRIMINATION BASED ON Disability		DATE(S) DISCRIMINATION TOOK PLACE Earliest: 10/01/2022 Latest: 03/10/2023 Continuing Action	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I am an individual with a disability. I was hired on December 21, 2012, as a Dealer/Supervisor. In September 2022, I held the position of Table Games Supervisor. On July 11, 2022, I took a medical leave of absence. On September 28, 2022, I requested a reasonable accommodation. On October 11, 2022, the Respondent denied the request and reported that I was unable to perform the essential functions of my position. I submitted medical documentation noting that I could perform the essential functions with a reasonable accommodation. I also requested a transfer to a vacant position for which I was qualified that would accommodate my disability. My request was denied again on November 22, 2022. I have been placed on an unpaid leave of absence even though I am able to perform the essential functions of my position with an accommodation or work as a Dealer. I have been discriminated against because of my disability in violation of Title I of the Americans with Disabilities Act Amendments Act of 2008.			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct. Digitally Signed By: Mr. Scott A. Spiehler 03/15/2023 <div style="text-align: right; font-size: small;">Charging Party Signature</div>		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

EXHIBIT

Page 1 of 2



U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Mobile Local Office
63 South Royal Street, Suite 504
Mobile, AL 36602
(251) 304-7920
Website: www.eeoc.gov

CONCILIATION FAILURE AND NOTICE OF RIGHTS

(This Notice replaces EEOC FORMS 161, 161-A & 161-B)

Issued On: 02/06/2025

To: Mr. Scott A. Spiehler

[REDACTED]
Diberville, MS [REDACTED]

Charge No: 425-2023-00141

EEOC Representative and email: LAUREN BALDWIN/ ARLENE GORCEY
Lauren Baldwin
lauren.baldwin@eeoc.gov

CONCILIATION FAILURE OF CHARGE

To the person aggrieved: This notice concludes the EEOC's processing of the above-numbered charge. The EEOC found reasonable cause to believe that violations of the statute(s) occurred with respect to some or all of the matters alleged in the charge but could not obtain a settlement with the Respondent that would provide relief for you. In addition, the EEOC has decided that it will not bring suit against the Respondent at this time based on this charge and will close its file in this case. This does not mean that the EEOC is certifying that the Respondent is in compliance with the law, or that the EEOC will not sue the Respondent later or intervene later in your lawsuit if you decide to sue on your own behalf.

NOTICE OF YOUR RIGHT TO SUE

This is official notice from the EEOC of the dismissal of your charge and of your right to sue. If you choose to file a lawsuit against the respondent(s) on this charge under federal law in federal or state court, **your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice.** Receipt generally occurs on the date that you (or your representative) view this document. You should keep a record of the date you received this notice. Your right to sue based on this charge will be lost if you do not file a lawsuit in court within 90 days. (The time limit for filing a lawsuit based on a claim under state law may be different.)

If you file a lawsuit based on this charge, please sign in to the EEOC Public Portal and upload the court complaint to charge 425-2023-00141.

On behalf of the Commission,

Digitally Signed By: Erika La'Cour
02/06/2025

Erika La'Cour
Local Office Director



cc:

Allison Smith Mitchell
Beau Rivage
875 Beach Boulevard
Biloxi, MS 39530

Ashley Eddy
MGM Resorts International
6385 S Rainbow Boulevard
Suite 500
Las Vegas, NV 89118

Please retain this notice for your records.

JOHNSON, RATLIFF & WAIDE, PLLC

Attorneys at Law
Second Floor
Great Southern National Bank Building
1300 Hardy Street
Hattiesburg, MS 39401

Telephone: (601) 582-4553
Telefax: (601) 582-4556
E-Mail: dwaide@jhrllaw.net
brichards@jhrllaw.net

S. Joel Johnson
Michael V. Ratliff
Daniel M. Waide

P. O. Box 17738
Hattiesburg, MS 39404-7738

April 25, 2025

Connie Ladner
Harrison County Circuit Clerk
P. O. Box 235
Biloxi, MS 39533

RE: *Scott Spiehler v. MGM Resorts International, Inc. d/b/a Beau Rivage Resort and Casino*

Dear Ms, Ladner,

Please find enclosed for filing herein, the following:

- *Civil Cover Sheet;*
- *Complaint for Spiehler v. MGM Resorts International, Inc.*
- *Summons for MGM Resorts International; and*
- *Check No. 2068 in the amount of \$166.00 for the filing fee*

Please file the original in your customary manner and return the file stamped copy to me, along with the issued summons, in the self-addressed, stamped envelope enclosed herein.

With kindest regards, I am

Sincerely,



Brittany Richards

Paralegal to Daniel M. Waide, Esq.

encl.

COVER SHEET Civil Case Filing Form <i>(To be completed by Attorney/Party Prior to Filing of Pleading)</i>		Court Identification Docket # <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">24</div> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">C1</div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> County # Judicial District Court ID (CH, CI, CO) </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">04</div> <div style="border: 1px solid black; padding: 2px;">29</div> <div style="border: 1px solid black; padding: 2px;">25</div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Date Year </div>		Case Year <div style="border: 1px solid black; padding: 2px; display: inline-block;">2025</div>	Docket Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">075</div>
Mississippi Supreme Court Administrative Office of Courts		Form AOC/01 (Rev 2020)		<div style="border: 1px solid black; padding: 2px; display: inline-block;">Local Docket ID</div>	
This area to be completed by clerk					
Case Number if filed prior to 1/1/94					
In the <u>CIRCUIT</u> Court of <u>HARRISON</u> County — <u>SECOND</u> Judicial District					
Origin of Suit (Place an "X" in one box only)					
<input checked="" type="checkbox"/> Initial Filing <input type="checkbox"/> Reinstated <input type="checkbox"/> Foreign Judgment Enrolled <input type="checkbox"/> Transfer from Other court <input type="checkbox"/> Other <input type="checkbox"/> Remanded <input type="checkbox"/> Reopened <input type="checkbox"/> Joining Suit/Action <input type="checkbox"/> Appeal					
Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form					
Individual <u>Spiehler</u> <u>Scott</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Last Name First Name Maiden Name, if applicable M.I. Jr/Sr/III/IV </div>					
<input type="checkbox"/> Check (x) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of _____ <input type="checkbox"/> Check (x) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity D/B/A or Agency _____					
Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated <input type="checkbox"/> Check (x) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below: D/B/A _____					
Address of Plaintiff _____					
Attorney (Name & Address) <u>Daniel M. Waide</u> MS Bar No. <u>103543</u> <input type="checkbox"/> Check (x) if Individual Filing Initial Pleading is NOT an attorney Signature of Individual Filing: _____					
Defendant - Name of Defendant - Enter Additional Defendants on Separate Form					
Individual _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last Name First Name Maiden Name, if applicable M.I. Jr/Sr/III/IV </div>					
<input type="checkbox"/> Check (x) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: Estate of _____ <input type="checkbox"/> Check (x) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: D/B/A or Agency _____					
Business <u>MGM Resorts International, Inc.</u> Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated <input checked="" type="checkbox"/> Check (x) if Business Defendant is acting in the name of an entity other than the above, and enter below: D/B/A <u>Beau Rivage Resort and Casino</u>					
Attorney (Name & Address) - If Known _____ MS Bar No. _____					
<input type="checkbox"/> Check (x) if child support is contemplated as an issue in this suit.* <small>*If checked, please submit completed Child Support Information Sheet with this Cover Sheet</small>					
Nature of Suit (Place an "X" in one box only)					
Domestic Relations <input type="checkbox"/> Child Custody/Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Contempt <input type="checkbox"/> Divorce: Fault <input type="checkbox"/> Divorce: Irreconcilable Diff. <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Emancipation <input type="checkbox"/> Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Property Division <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Term. of Parental Rights-Chancery <input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA) <input type="checkbox"/> Other _____	Business/Commercial <input type="checkbox"/> Accounting (Business) <input type="checkbox"/> Business Dissolution <input type="checkbox"/> Debt Collection <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Replevin <input type="checkbox"/> Other _____	Children/Minors - Non-Domestic <input type="checkbox"/> Adoption - Contested <input type="checkbox"/> Adoption - Uncontested <input type="checkbox"/> Consent to Abortion <input type="checkbox"/> Minor Removal of Minority <input type="checkbox"/> Other _____	Civil Rights <input type="checkbox"/> Elections <input type="checkbox"/> Expungement <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Post Conviction Relief/Prisoner <input checked="" type="checkbox"/> Other <u>employment</u>	Real Property <input type="checkbox"/> Adverse Possession <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Eviction <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Lien Assertion <input type="checkbox"/> Partition <input type="checkbox"/> Tax Sale: Confirm/Cancel <input type="checkbox"/> Title Boundary or Easement <input type="checkbox"/> Other _____	
Appeals <input type="checkbox"/> Administrative Agency <input type="checkbox"/> County Court <input type="checkbox"/> Hardship Petition (Driver License) <input type="checkbox"/> Justice Court <input type="checkbox"/> MS Dept Employment Security <input type="checkbox"/> Municipal Court <input type="checkbox"/> Other _____	Probate <input type="checkbox"/> Accounting (Probate) <input type="checkbox"/> Birth Certificate Correction <input type="checkbox"/> Mental Health Commitment <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Joint Conservatorship & Guardianship <input type="checkbox"/> Heirship <input type="checkbox"/> Intestate Estate <input type="checkbox"/> Minor's Settlement <input type="checkbox"/> Muniment of Title <input type="checkbox"/> Name Change <input type="checkbox"/> Testate Estate <input type="checkbox"/> Will Contest <input type="checkbox"/> Other _____	Contract <input type="checkbox"/> Breach of Contract <input type="checkbox"/> Installment Contract <input type="checkbox"/> Insurance <input type="checkbox"/> Specific Performance <input type="checkbox"/> Other _____	Statutes/Rules <input type="checkbox"/> Bond Validation <input type="checkbox"/> Civil Forfeiture <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Injunction or Restraining Order <input type="checkbox"/> Other _____	Torts <input type="checkbox"/> Bad Faith <input type="checkbox"/> Fraud <input type="checkbox"/> Intentional Tort <input type="checkbox"/> Loss of Consortium <input type="checkbox"/> Malpractice - Legal <input type="checkbox"/> Malpractice - Medical <input type="checkbox"/> Mass Tort <input type="checkbox"/> Negligence - General <input type="checkbox"/> Negligence - Motor Vehicle <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability <input type="checkbox"/> Subrogation <input type="checkbox"/> Wrongful Death <input type="checkbox"/> Other _____	

IN THE CIRCUIT COURT OF HARRISON COUNTY, MISSISSIPPI
SECOND JUDICIAL DISTRICT

SCOTT SPIEHLER

PLAINTIFF

v.

CAUSE NO. A2402-25-076

MGM RESORTS INTERNATIONAL, INC.
d/b/a BEAU RIVAGE RESORT AND CASINO

DEFENDANT

SUMMONS

THE STATE OF MISSISSIPPI
COUNTY OF HARRISON

TO: MGM Resorts International, Inc.
c/o Corporation Service Company
7716 Old Canton Road, Suite C
Madison, MS 39110

THE COMPLAINT AND DISCOVERY, WHICH ARE ATTACHED TO THIS SUMMONS, ARE
IMPORTANT AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS.

You are required to mail or hand deliver a copy of a written response to the Complaint to Daniel M. Waide, P.O. Box 17738, Hattiesburg, MS 30404, attorney for the Plaintiff. Your response to the Complaint must be mailed or delivered within 30 days from the date of delivery of this Summons and Complaint or a judgment by default will be entered against you for the money or other things demanded in the Complaint. Your response to the Discovery must be mailed or delivered within 45 days from the date of delivery. You must also file the original of your response with the Clerk of this Court within a reasonable time afterward.

Issued under my hand and seal of said Court, this 21st day of April, 2025.

Justin Wetzel
~~Connie Ladner~~,
HARRISON COUNTY CIRCUIT CLERK

By Bailay R...



Daniel M. Waide, (MSB#103543)
1300 HARDY ST.
PO Box 17738
HATTIESBURG, MS 39404
601-582-4553 (OFFICE)

IN THE CIRCUIT COURT OF HARRISON COUNTY, MISSISSIPPI
SECOND JUDICIAL DISTRICT

SCOTT SPIEHLER

PLAINTIFF

v.

CAUSE NO.

A2402-25-076

MGM RESORTS INTERNATIONAL, INC.
d/b/a BEAU RIVAGE RESORT AND CASINO

DEFENDANT

SUMMONS

THE STATE OF MISSISSIPPI
COUNTY OF HARRISON

TO: MGM Resorts Internation, Inc.
c/o Corporation Service Company
7716 Old Canton Road, Suite C
Madison, MS 39110

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IMPORTANT AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS.

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Issued under my hand and seal of said Court, this 21st day of April, 2025.

Justin Wetzel
~~Connie Ladner~~,
HARRISON COUNTY CIRCUIT CLERK

By

Bailey R. Rimmer D.C.

Daniel M. Waide, (MSB#103543)
1300 HARDY ST.
PO BOX 17738
HATTIESBURG, MS 39404
601-582-4553 (OFFICE)



PROOF OF SERVICE SUMMONS GARNISHMENT SUBPOENA

Process Server

Name of Person or Entity Served MBM Resort International INC % Corporation Service Company

I, the undersigned process server, served the summons and complaint upon the person or entity names above in the manner set forth below (process server must check proper space and provide all additional information that is requested and pertinent to the mode of service used):

X PERSONAL SERVICE. I personally delivered copies to Robbie Key on the 8 day of May, 2025, where I found said person in Madison County of the State of Mississippi.

 RESIDENCE SERVICE. After exercising reasonable diligence I was unable to deliver copies of said person within County, Mississippi. I served the summons and complaint on the day of , 20 , at the usual place of abode of said person by leaving a true copy of the Summons and Complaint with who is the , a member of the family of the person served above the age of sixteen years and willing to receive the Summons and Complaint; and that a true and correct copy of the Summons and Complaint was mailed to him/her at said address on the day of , 20 .

 CORPORATION. I have this day executed the within Garnishment on a corporation, by delivering personally a true and correct copy of the Writ and Order to the thereof said corporation on this the day of , 20 .

 I was unable to deliver the Summons and Complaint

At the time of service, I was at least 18 years of age and not a party to this action.

Fee for service \$
Name: Brian E. Moore
Address: 825 S Cleveland Ext.
Phone Number Brookhaven, MS 39601
601-695-1811

STATE OF MISSISSIPPI
COUNTY OF Lincoln

Personally appeared before me the undersigned authority in and for the state and county aforesaid, the within named Brian Moore who being first by me duly sworn states on oath that the matters and facts set forth in the foregoing "Proof of Service" are true and correct as therein stated.

Process Server (Signature) Brian Moore

Sworn to and subscribed before me this the 9th day of May, 2025.

My Commission Expires: 3/8/2027

[Signature]
Notary Public

